

# Enrolment Application Form

.....  
Student Family Name:  
.....

Student First Name:  
.....

Known as:

*This name will appear on the Class Roll*  
.....

Student Date of Birth:     /     /

Male

Female  
.....

OFFICE USE

Receipt Number: \_\_\_\_\_ Date: \_\_\_\_\_



## Student Information

Surname:

First Names:

Address:

Postcode:

Date of Birth:        /        /

Religious Denomination:

Home Congregation / Parish:

Current School (if applicable):

Current Year Level:

Our main points of entry are ELC, Reception and Year 7, however applications for enrolment are invited at all year levels.

Preferred Year Level of Entry:

Year: 20 \_\_\_\_ \_\_\_\_

Is the student a permanent resident of Australia?

Yes    No

Is student of Aboriginal or Torres Strait Islander origin?

No    Yes, Aboriginal    Yes, Torres Strait Islander

Have siblings previously attended St John's Lutheran or Concordia College?  Yes

No

## Learning Information

I give my consent for Concordia College to obtain, from the student's present and previous schools, information which will assist in the provision of an appropriate educational program.

Yes    No

Does your child have a known disability or learning difficulty?

(Intellectual, physical, emotional, hearing or vision)

Yes    No

If yes, please provide the name of the disability or learning difficulty:

Diagnosed by:

(Please attach a copy of the relevant Report)

I give my consent for Concordia College to obtain, from the above mentioned person/organisation, information which will assist in the provision of an appropriate educational program.

Yes    No

Has your child been assessed in the 'gifted' range?

Yes    No

Diagnosed by:

(Please attach a copy of the relevant Report)

I give my consent for Concordia College to obtain, from the above mentioned person/organisation, information which will assist in the provision of an appropriate educational program.

Yes    No

Does your child have any known medical condition that may require first aid assistance?

Yes    No

(Include EpiPen use)

Name of Condition:

## Family Information

	Mother (Guardian)	Father (Guardian)
Title	Mrs / Ms / Miss / Dr / Rev / Prof	Mr / Dr / Rev / Prof
Surname		
First Names		
Address		
Postcode		
Postal address		
Postcode		
Telephone (Home)		
Telephone (Mobile)		
Telephone (Work)		
Email		
Occupation		
Employer		
Religious Denomination:		
Old Collegian	<input type="checkbox"/> Yes <input type="checkbox"/> No Maiden name:	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Family Circumstances

Have any other family members attended Concordia College (eg. Grandparents, Aunts, Uncles, etc)?  Yes  
 No

If so, please give details:

Names and ages of other children in the family:

Name Age

Name Age

Name Age

Name Age

## Conditions

Concordia College is a school of the Lutheran Church of Australia and seeks to provide an education that has a distinctive Christian character. Concordia offers its program of Christian education to students whose parents undertake to support its aims and purposes.

Parents whose child has special learning needs are invited to meet with staff from the Learning Support faculty to discuss how we are able to best cater for your child's needs.

Lodging this 'Enrolment Application Form' does not guarantee your child's enrolment at Concordia College. An offer of a place will be made by the Principal in accordance with the Enrolment Policy of the College.

A separate 'Enrolment Application Form' should be completed for each child.

Please note that failure to accurately complete all sections of this form may result in the School's inability to accommodate your child's individual needs and may delay the enrolment process for your child.

A non-refundable application fee of \$75 (or \$100 per family if you would like to enrol all your children at this time) is included with this application to cover administration costs.

Please advise the Enrolment office of any change of address to ensure that you can be contacted at the next stage of enrolment.

## Signatures

I have read the conditions of Concordia College listed above and hereby apply for enrolment of my child as a student of your College and I declare that the information supplied in this application is true and correct.

Signature of father/guardian:

Date:

Signature of mother/guardian:

Date:

## Payment

Amount \$ (\$75 single application or \$100 family)

Cheques/money orders should be made payable to 'Concordia College'.

Cheque  Mastercard  Visa  Money Order  Cash

Number:

/

/

/

/

Expiry date:

/

/

Name on Card:

Signature:



Please return this form to the Enrolment Manager at one of the following addresses:

ELC - Year 6

**St John's Campus**

20 Highgate Street Highgate SA 5063

t. 08 8271 4299

Year 7 - Year 12

**Concordia Campus**

24 Winchester Street Highgate SA 5063

t. 08 8272 0444

e. [mail@concordia.sa.edu.au](mailto:mail@concordia.sa.edu.au)

[www.concordia.sa.edu.au](http://www.concordia.sa.edu.au)

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